

recopied for  
keypunchU.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

MOD006271852

I. NAME OF INSTALLATION

Gusdorf Corporation Inc.

II. INSTALLATION MAILING ADDRESS

6900 MANCHESTER RD.  
ST. LOUIS, MO 63143  
PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION

11440 LACKLAND Rd.  
ST. LOUIS, MO 63143

(original label correct label or file copy)

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., &amp; day)

I. NAME OF INSTALLATION

GUSDORF CORPORATION INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 6900 MANCHESTER ROAD

CITY OR TOWN

4 ST. LOUIS

ST. ZIP CODE

MO 63143

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 11440 LACKLAND ROAD

CITY OR TOWN

6 ST. LOUIS

ST. ZIP CODE

MO 63143

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 LARRY D. MCKINNEY DIR MFG ENG

314-647-1207

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 GUSDORF CORPORATION INC.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the required information.

R00325130  
RCRA RECORDS CENTER

C. INSTALLATION'S EPA I.D. NO.



S	W	M	0	D	0	0	4	2	7	1	8	5	2	3	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F003 23 - 26	2 F005 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U140 23 - 26	32 U159 23 - 26	33 U220 23 - 26	34 U239 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>signature on file copy</i>	NAME & OFFICIAL TITLE (type or print) Director of Manufacturing	DATE SIGNED 6/26/80
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U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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*recopied for Raymunch*

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

MOD006271852

~~GUSDORF & SONS INC~~  
6900 MANCHESTER RD  
ST LOUIS, MO 63143

~~6900 MANCHESTER RD~~ 4440 LACKLAND Rd.  
ST LOUIS, MO 63143

## FOR OFFICIAL USE ONLY

## COMMENTS

C																55
C																55

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)							
S	F MOD006271852										T/A	C	800707 JUL 7 1980 10						
1	2									13	14	15	16	17	18	19	20	21	22

## I. NAME OF INSTALLATION

C	GUSDORF & SONS INC															67
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## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX																
C	6900 MANCHESTER ROAD															45
C	CITY OR TOWN										ST.	ZIP CODE				
C	ST. LOUIS										MO	63143				
15	16									40	41	42	43	44	45	

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER																
C	4440 LACKLAND ROAD															45
C	CITY OR TOWN										ST.	ZIP CODE				
C	ST. LOUIS										MO	63141				
15	16									40	41	42	43	44	45	

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)					
C	LARRY D. MCKINNEY DIR MFG ENG															314-647-1207				
15	16									45	46	47	48	49	50	51	52	53	54	55

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER																
C	GUSDORF CORPORATION INC.															55

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

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M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION ☐ B. TRANSPORTATION (complete item VII)  
☐ C. TREAT/STORE/DISPOSE ☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

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☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY												
S	T/A											
W	0	0	0	0	6	2	7	1	8	5	2	3
1	2									13	14	15

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3 23 - 26	2 F 0 0 5 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

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25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 1 4 0 23 - 26	32 U 1 5 9 23 - 26	33 U 2 2 0 23 - 26	34 U 2 3 9 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

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☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

# X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Larry D. McKinney</i>	NAME & OFFICIAL TITLE (type or print) Director of Manufacturing Eng.	DATE SIGNED 6/26/80
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